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ABSTRACT

While research on alcohol use among the elderly has accumulated in recent years, the drinking patterns of some segments of the elderly population have received little or no attention. A study was conducted over an 18-month period investigating drinking patterns in three retirement communities in southern California and Oregon. The extent of alcohol use, the association between drinking and social isolation, and the association between drinking and social activity and religiosity were examined in 260 retirement community residents. Interviews were conducted to gather information on subjects' demographics, life satisfaction, social integration, and history and current pattern of alcohol consumption. Subjects were classified according to the quantity of their customary alcohol consumption. Data analysis revealed that drinking in the retirement community was widespread and that it was part of the residents' social behavior which was associated with high levels of social integration. No support was found for the hypothesis that social isolation and loneliness are associated with drinking. A negative correlation between an individual's religiosity and drinking was observed in all data analyses and was also found to be significant when comparing late onset heavy drinkers with long-term heavy drinkers. (Author/NB)

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Alcohol Use in Retirement Communities

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ABSTRACT

Alcohol Use in Retirement Communities

Research conducted in retirement communities examines the extent of alcohol use, the association between drinking and social isolation, and the association between drinking and social activity and religiosity. Subjects for this study were 260 residents of three retirement communities located in Southern California, and Oregon. Subjects were classified according to the quantity of their customary alcohol consumption. Analysis of the data reveals that drinking in the retirement community is widespread, that it is part of residents'social behavior which is associated with high levels of social integration. No support was found for the hypothesis that social isolation, and loneliness are associated with drinking. Finally, a negative correlation between an individual's religiosity and drinking was noted. This correlation was observed in all data analyses and was also found to be significant when comparing late onset heavy drinkers with long-term heavy drinkers.

Alcohol Use in Retirement Communities

Francesca Alexander, Ph.D.,
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Review of the Literature

While research on alcohol use among the elderly has been accumulating over the past two decades, much of our knowledge must be considered speculative. The findings of many studies are conflicting or contradictory, also the drinking patterns of some segments of the elderly population have received little or no attention. For example, the extent and character of alcohol use in retirement communities has yet to receive coverage in the gerontological literature. This paper will report on a study conducted over the past 18 months investigating drinking patterns in three retirement communities, two in Southern California, and one in Oregon.

Some facts generally agreed on include that men drink more than women, that the young-old drink more than the very old, and that the old in general drink less and are more likely to abstain than middle-aged and younger adults. A recent study published by the census bureau shows that 48% of those 55 and over are teetotalers compared with 28% of the 35-54 year old population and 22% of the 20-34 year old population. Also, only 27% of the 55 and over population drink once a week or more, compared to 42% of the 20 to 34 year old, and 37% of the 35-54 year olds.

There are indications that some of this variation in

drinking frequency between the age cohorts may be attributable to sampling bias caused by the special sensitivity about admitting alcohol use for those who have lived through prohibition. A study of Boston Metropolitan area residents showed that those 65 and older were twice as likely to refuse to be interviewed about their drinking habits as younger and middle aged persons [21% v.s. 11%]. Also, those who refused to participate in the Boston study were more likely to be regular drinkers than those who did participate [23% v.s. 13%] (Hingson, et al, 1981).

A major focus of the literature on elderly drinking patterns questions whether there are stresses and circumstances associated with old age that foster alcohol consumption as a coping mechanism. Zimberg (1974) argued that conservatively 10 to 15% of elderly patients presenting themselves for treatment in a variety of health care facilities exhibited alcohol problems. Additionally he argued that while 2/3 of these could be identified as long term abusers of alcohol, one-third were persons who turned to drinking in later life because they were unable to cope with "loneliness, depression, hopelessness, and other stresses of aging" (p.222). The prevalence of these late onset problem drinkers is a major debate in the current gerontological literature (Berkman, 1985; Brown and Chiang, 1983; Gomberg, 1985; Meyers, et al 1982; Novak, 1985). This issue and most significantly the relationship between alcohol use and social integration versus isolation in the retirement community is a major focus of this paper.

In a recent publication, Novak (1985) argues that the evidence is in: "it has been established that [late onset] heavy drinking is more often associated with illness or age-related environmental stresses such as the empty nest, bereavement, retirement, and loneliness leading to depression..." (p.38). However, in the Boston Metropolitan Survey, Meyers et al 1982 conclude that there is "no evidence to suggest that widowhood, retirement or social isolation is associated with higher rates of problem drinking" (p.455).

In a study of Alameda County, California, residents, Berkman (1985) presents evidence that the more isolated one becomes the more likely one is to drink heavily: "People who are lacking community and social ties are more likely to drink heavily than those with more extended and varied contacts" (p. 30). Her finding holds for all age groups in the study and not for just the elderly. It should also be noted that Berkman finds this relationship while defining heavy drinking as 46 or more drinks per month. Her measure of heavy drinking actually defines heavy drinkers as those drinking one-and-a-half drinks per day. She is not measuring extremely heavy consumption, and she specifically declines to use the more subjective categories of problem drinking or alcoholism. In an article reviewing some of the issues involved in the late onset debate, Gomberg (1985) makes an effort to synthesize some of the conflicting research findings. She argues that the relationship between social networks and drinking for older persons seems to be that "people with more

social contacts and people living with spouse and family are more likely to be social drinkers...those who live alone are more likely to be abstainers or heavy drinkers" (p. 66-67). Moderate drinking is likely to be social drinking and when social contacts are absent some older people don't drink at all because there is no one to drink with and others "use alcohol to assuage feelings of aloneness and loneliness" (p. 67). She asks that more research be done to test this position.

Methodology

Our study examines drinking patterns in a unique segment of America's healthy, active elderly, those living in suburban retirement communities. These retirement communities, which have grown in popularity in the last 25 years, have become an alternative life-style for a segment of middle-class American retireds, which offers a living arrangement emphasizing leisure activities, and group interaction for the residents. In addition, retirement communities feature a protective withdrawal from the outside world, and foster an escape from urban social problems. The possibility exists that alcohol use may be influenced by these factors, and that alcohol may act to enhance the leisure-oriented socially integrated environment which these communities promote.

However, other research has noted that only a portion of the retirement community residents participate in an active social life. Jacobs (1974) describes a large segment of the retirement

community which he calls the non-active majority who have withdrawn to lead relatively isolated lives.

The specific focus of this paper is to examine the patterns of alcohol use in retirement communities, and to delineate the social, and demographic, correlates of this use. In order to do this, residents of three retirement communities were interviewed. Two of the communities are in Southern California, and one in Oregon. The communities are spacious, but designed to facilitate visiting within the village. Each community has a community center which contains kitchens and dining rooms which may be used by residents for large social gatherings. The centers also serve as the meeting place for various club activities such as card clubs, arts and crafts classes, and other social activities. In addition, these communities provide golf courses within their gates, swimming pools, and in one case tennis courts for the residents' use. Landscaping and maintenance are provided by the corporation, but each resident has a small amount of land, usually designated a patio, which he/she can cultivate as desired. In one of the three villages, tram-bus transportation is available to the residents within the village compound thus making it unnecessary to drive a car. In all cases, public transportation is readily available at the gates of the community to take the inhabitants into the surrounding area. All three of the retirement villages are suburban in character.

A research instrument was designed and pretested. The interview schedule was constructed to gather data on the

demographic characteristics of the population, life satisfaction of the subject, social integration of the respondent, and the subject's history and current pattern of alcohol consumption. Some 260 interviews were conducted.

The sample was based on lists provided by the administration of the retirement community. A systematic random sample was drawn. Each person whose name was included in the sample was sent a letter explaining the study and requesting the individual's participation. Five days after sending the letter, the investigators phoned the potential subject. During this phone conversation, any questions that the individual had about the study were answered, and, if possible, an appointment for an interview was set up. The technique of using a phone call made it possible to encourage some potential respondents to take part in this study who might otherwise not have participated. Several times a potential subject said, "You don't want to interview me, I don't know anything about the community. I don't belong to any of the clubs." On the phone, we had an opportunity to encourage this individual to participate; we could explain that just because he/she didn't take part in community activities they could still be of great help to us, in fact they might even be more helpful than someone who was actively involved in the community's life. In this way, we were at least partially successful in getting the participation of some of those residents who might be identified as the social isolates of the community. In selecting our sample, we did exclude some who we

felt should not be part of the sample. We excluded those who did not speak English, those who on the basis of the phone call were judged to be very disoriented, those who were ill, and those who had just suffered a death in their immediate family. Some of the latter, however, did participate because they indicated that despite their state of mourning they wished to participate. Our overall response rate approximates 75% of those who were contacted, and who were eligible to be participate in the study.

In order to ensure reliability between interviews conducted in Southern California, and in Oregon, and to minimize confusion of the subjects, each interview was conducted verbally with the interviewer reading the questions, and recording the answers. All interviews were conducted by the investigators, or graduate students trained by the investigators for this purpose. The interviews, which varied in length but averaged 50 minutes to an hour, were conducted in the homes of the subjects.

Findings

Our present discussion is focused on three major points: one describing our sample and examining the extent of alcohol use in the retirement communities, and two looking at the relation of social isolation or social integration with alcohol use, and three considering some additional, explanatory correlates of drinking frequency.

The procedure used to select the sample was successful in that the sample is representative of the population with respect

to both age and marital status. It was possible to compare sample statistics with population parameters for these two variables. Since sample data on both age and marital status coincide with the population figures, there is support for the position that the sample is representative of the population from which it was drawn. However, as mentioned earlier, surveys conducted in Boston indicate that some older persons who are regular drinkers may be more likely to refuse to participate in discussion of their drinking, therefore, it is possible that our sample may be skewed toward under representing the amount of drinking that actually takes place in these retirement communities.

Certain characteristics of our sample are immediately apparent. The residents of all three retirement communities are caucasian, relatively well-off financially with an annual median income of $20,055, and well-educated. The typical resident attended college even though he/she did not earn a bachelors degree. Obviously, this cohort of elderly is relatively affluent, and represents a middle-class segment of America's senior citizens. However, with respect to marital status, our sample does not differ from the general population of this age; fifty percent of the sample are married and living with their spouse, and the other half are widowed or divorced. It should be pointed out that most of the individuals we interviewed chose to live in a suburban retirement community, and are satisfied with the choice they made. When asked about their feelings in having

made the move to a retirement community some 79% said it was the best move they could have made. It is probable that there is a self-selection of those individuals who enjoy social interaction in this sample, since these individuals are more likely to chose to live in a community which is identified as a place where people get together and are friendly. This issue becomes important when we wish to examine the hypothesis that it is the lonely, disengaged, retired who consume great quantities of alcohol. Obviously, the fact that people who are gregarious are more likely to chose to live in a retirement community may work to discourage the more misanthropic individual from moving into retirement communities.

To identify those who drink and categorize them by the quantity that they drink, answers to several different questions asked at different time in the interview were used. On the basis of these responses four drinking categories were constructed. These are: one, the teetotalers, those who do not drink at all, and have not had anything alcoholic to drink in the past year; two, the light drinkers, those who drink less than two times per week, in fact, these individuals usually reserve their drinking for special occasions such as celebrating a birthday, or Christmas. Three, the moderate drinkers, those who drink at least two or three times per week, but restrict their drinking to one or two drinks per day. Most of the individuals categorized as moderate drinkers are daily drinkers. Finally, heavy drinkers those who drink at least two or three times a week, and who drink

at least three drinks or more on any given day. Although not all heavy drinkers are daily drinkers, some 70% of them are daily drinkers. Moderate and heavy drinkers together can be combined to represent regular drinkers.

An examination of drinking in these retirement communities reveals that drinking is substantially more prevalent in retirement communities than in the general population of the same age. According to 1984 U.S. Census estimates only 27% of the population over the age of 55 drink one or more times per week (Statistical Abstract of the U.S., 1986, 106th edition), but in our population 45% are regular drinkers (this includes 12% heavy drinkers, and 33% moderate). Another 33% are occasional drinkers, and 22% are teetotalers. This 22% of the sample, who are teetotalers, represents a significant portion of our sample, but remains in dramatic contrast to the Census Bureau's estimate of 48% teetotalers in the general population. Taking into account the fact that drinking is inversely correlated with age, this comparison becomes even starker when one notes that the Census Bureau's estimate includes younger individuals than does our sample, since the Census Bureau's estimates includes those 55 years old and over.

It is also interesting to examine what is the preferred alcoholic beverage of our sample. Of those who drink, 63% drink hard liquor, and 36% prefer wine and/or beer. This preference for hard liquor in a period when the general population is shifting away from hard liquor consumption towards drinking more

wine and beer suggests that a cohort effect is at work. This observation increases in significance when one takes into account that this cohort grew up during the beginning of prohibition, and this cohort continues the drinking pattern that was in effect during this group's young adulthood. One may argue that it is likely that this group may also continue to hold some of the attitudes towards drinking that were current in their youth.

While much of the literature points to a correlation between geriatric drinking and social isolation, Gomberg (1985) notes that social activity may be associated with social drinking. In our sample we find no support for the position that social isolation explains the drinking of this group. For example, we find living alone is not associated with drinking. It is also true that Brown and Chiang (1983) found that living arrangements were of great importance in explaining geriatric alcohol abuse. They found that those who were living alone were more likely to be alcohol abusers. Our study does not focus on alcohol abuse, but we found no support for the position that living alone is associated with heavy drinking in the retirement community. In addition, when we examined drinking patterns and current marital status, no association between marital status and drinking could be found.

Similarly when we examined other variables which point to social isolation and its possible relationship to drinking, no support for the hypothesis was found. Variables examined with

reference to social isolation include frequency of children visiting, number of close friends, death and/or illness of close friends or relatives, the individual's use of an automobile, the frequency of participating in group activities, the frequency of participating in retirement community activities, and participation in activities outside of the community. All of these measures pertaining to the individual's social activity or to his/her integration into a social support network made up of family and friends show no association with the frequency of drinking. To sum up, the data provided no support for the assertion that older drinkers are lonely, isolated, or are disengaged from the retirement community.

Not only do we find a lack of support for the contention that drinking is associated with social isolation, we do find support for the opposite position that drinking is positively associated with formal and informal social activity with friends. Our data supports Gomberg's (1985) contention that drinking and social activity are mutually supportive of each other. In fact, we note that teetotalers are more likely to be social isolates. On the other hand, we did not find support for the corrolary of Gomberg's position that heavy drinkers are also likely to be social isolates. Our data suggest that heavy drinkers in the retirement community are fully tied into socially active networks be they married, widowed, divorced or single.

Although only 12% of our sample could be classified as heavy drinkers, it is worthwhile to point out that 1/3 of these heavy

drinkers can be classified as late onset drinkers. Late onset is defined as those who are currently classified as heavy drinkers, and who explained that they have increased their quantity of drinking since they retired. Data on the ten identified late onset drinkers were analyzed to determine if they differed from other heavy drinkers. Although various scholars find that the category of late onset drinker may be useful, we did not find that they differed from other heavy drinkers with respect social isolation. We speculate that the increase in their drinking may be a function of their movement into the retirement community and into social activity networks which foster social drinking. In other words, since moving into the retirement community these individuals may find themselves in a situation where they have time and the opportunity to drink with their friends.

One interesting and puzzling difference did emerge between the long-term and late onset heavy drinkers and this difference focused on the variable of religiosity. All respondents were asked if they had a religious affiliation, and how important religion was to them. Far more of the late onset drinkers reported that they felt religion was important or very important to them, whereas long-term drinkers did not agree. In this respect the late onset drinker is more similar to the teetotaler and the light drinker. Multiple regression analyses were run on the entire sample and religiosity consistently was found to be the most important correlate of the quantity of drinking followed by the oft cited and expected variables referring to gender and

age. The one other significant variable that these statistical analyses pointed to was the earlier mentioned and discussed frequency of entertaining friends.

Other research has pointed to the importance of religious affiliation and alcohol consumption, Hingson et al (1981) found that those who had no religious affiliation were more likely to be drinkers. Our findings confirm this in part in that teetotalers were more likely to have an affiliation and to be protestant. However, these relationships are weak, and non predictive. Religiosity on the other hand is strongly associated with frequency of drinking. The greater importance that religion has for the individual, the more likely it is that that individual is a non-drinker. The negative correlation between drinking and religiosity holds for all religious groups, although it is especially strong for protestants. It is interesting to speculate that religiosity might play a significant role in coping with feelings about death and dying. Long-term heavy drinkers may have found an alternate coping device.

In conclusion, our research shows that drinking in the retirement community is more significantly widespread than in the elderly population as a whole. But that this drinking is part of a social behavior which is associated with high levels of social integration and interaction with friends. We find no support for the view that loneliness and personal isolation is correlated with high levels of drinking in this population. It is possible

that researchers seek explanations for drinking behavior among the lonely, elderly because they share the general stereotypic view of an older person sitting in lone isolation in front of his/her TV set. Berkman (1985) among other has pointed to the exaggeration of this somewhat fictitious isolation. We did find, as have others, that regular drinkers including both heavy and moderate drinkers, are younger, and more frequently male. We also found that non-imbibers and light drinkers have a higher cathexis of religious beliefs.

CHARACTERISTICS OF RETIREMENT COMMUNITY RESIDENTS

Annual Income Median = $20,055

Age Mean = 75.6

Living Arrangements	Total Sample (N=260) %	Male (N=82) %	Female (N=178) %
Living Alone	47.7	18.3	61.2
Living with Spouse	49.2	80.5	34.8
Living with Relatives other than Spouse	2.7	1.2	4.0

Education

Did Not Complete High School	13.5		
Completed High School	23.8		
Some College	40.8		
College Degree	13.1		
Some Graduate Work	4.2		
Graduate Degree	4.6		

Drinking Classification

Non-Drinker	21.9	12.2	26.4
Light Drinker	33.1	28.0	35.4
Moderate Drinker	33.1	37.8	30.9
Heavy Drinker	11.9	22.0	7.3

Correlation with Drinking Classification

Variable	Beta Weight	Prob.
1. Religiosity	-.23	.001
2. Gender	.19	.004
3. Age	-.13	.030
4. Freq. of Entertainment	.13	.036
5. Social Activity	.13	.047
6. Friends Dropping In	.06	NS
7. Living Arrangements	.03	NS
8. Freq. of Children Visiting	.04	NS
9. Number of Close Friends	.03	NS

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